

Sensipin®

Tablet

Description

Sensipin tablet contains Clozapine BP, which is an atypical neuroleptic and a dibenzodiazepine.

Indications

Sensipin is indicated for refractory psychoses, psychotic patients with severe extrapyramidal symptoms with other treatments, and psychotic patients with severe tardive dyskinesia with other treatments.

Dosage and Administration

To minimise the incidence of adverse effects, Sensipin should be introduced gradually, beginning with low doses and increasing according to response.

Initial treatment : It is recommended that treatment with Sensipin should begin with one half of a 25 mg tablet (12.5 mg) once or twice daily and then be continued with daily dosage increments of 25-50 mg/day, if well tolerated, to achieve a target dose of 300-450 mg/day by the end of two weeks. Subsequent dosage increments should be made not more than once or twice weekly, in increments not to exceed 100 mg. Most patients are expected to respond to 200-450 mg daily, a larger proportion may be given at night.

Maintenance dose : Once a therapeutic response has been obtained, a gradual reduction of dosage to a maintenance dose of 150 to 300 mg daily may be made. Daily maintenance doses of 200 mg or less may be given as a single dose in the evening. Where possible, Sensipin should be withdrawn gradually over a 1-2 week period.

Discontinuation of treatment : In the event of planned termination of Sensipin therapy, gradual reduction in dose is recommended over a 1-2 week period. However, if a patient's medical condition requires abrupt discontinuation (e.g., Leucopenia), the patient should be carefully observed for the recurrence of psychotic symptoms.

Contraindications

Sensipin is contraindicated in patients with myeloproliferative disorders, uncontrolled epilepsy, or with a history of Clozapine induced agranulocytosis or severe granulocytopenia. As with more typical antipsychotic drugs, Sensipin is contraindicated in severe central nervous system (CNS) depression or comatose states from any causes. Sensipin should not be used simultaneously with other agents having a well known potential to cause agranulocytosis or otherwise suppress bone marrow function. The mechanism of Clozapine induced agranulocytosis is unknown; nonetheless, it is possible that causative factors may interact synergistically to increase the risk and/or severity of bone marrow suppression.

Precautions

General : Because of the significant risk of agranulocytosis and seizure, the extended treatment failing to show an acceptable level of clinical response should ordinarily be avoided. In addition, the need for continuing treatment in patients exhibiting beneficial clinical responses should be periodically re-evaluated.

Fever : During Clozapine therapy, patients may experience transient temperature elevations above 100.4° F with the peak incidence within the first 3 weeks of treatment. On occasion, there may be an associated increase or decrease in WBC count. Patients with fever should be carefully evaluated to rule out the possibility of an underlying infectious process or the development of agranulocytosis. In presence of high fever, the possibility of Neuroleptic Malignant Syndrome (NMS) must be considered.

Anticholinergic toxicity : Clozapine has very potent anticholinergic effects and great care should be exercised in using this drug in presence of prostatic enlargement or narrow angle glaucoma. In addition, Clozapine use has been associated with varying degrees of impairment of intestinal peristalsis, ranging from constipation to intestinal obstruction, faecal impaction and paralytic ileus.

Interference with cognitive and motor performance : Because of initial sedation, Clozapine may impair mental and/or physical abilities, especially during

the first few days of therapy. The recommendations for gradual dose escalation should be carefully adhered to, and patients be cautioned about activities requiring alertness.

Use in patients with concomitant illness : Clinical experience with Clozapine in patients with concomitant systemic diseases is limited. Nevertheless, caution is advisable in using Clozapine in patients with hepatic, renal or cardiac disease.

Use in patients undergoing general anaesthesia : Caution is advised in patients being administered general anaesthesia because of the CNS effects of Clozapine. Checking with the anaesthesiologist is required regarding continuation of Clozapine therapy in a patient scheduled for surgery.

Drug Interactions

The risk of using Clozapine in combination with other drugs has not been systematically evaluated. The mechanism of Clozapine induced agranulocytosis is unknown; nonetheless, the possibility that causative factors may interact synergistically to increase the risk and/or severity of bone marrow suppression warrants consideration. Therefore, Clozapine should not be used with other agents having a well known potential to suppress bone marrow function. Given the primary CNS effects of Clozapine, caution is advised in using it concomitantly with other CNS active drugs or alcohol. Orthostatic hypotension in patients taking Clozapine can, in rare cases, be accompanied by profound collapse and respiratory and/or cardiac arrest. Although it has not been established that there is an interaction between Clozapine and benzodiazepines or other psychotropics, caution is advised when Clozapine is initiated in patients taking a benzodiazepine or any other psychotropic drug.

Side Effects

Potentially life-threatening effects : Clozapine can cause reversible neutropenia which may progress to a potentially fatal agranulocytosis; the greatest risk is from the second to the sixth month of treatment. All patients undergoing treatment should have weekly differential white cell counts. Agranulocytosis is reversible on drug withdrawal but potentially fatal if unheeded or undetected. *Acute overdose*: No case of this kind has been reported. *Severe or irreversible adverse effects* : Toxic delirium can occur in

about 3% of patients. *Symptomatic adverse effects* : Sedation and syncope from hypotension may occur especially at the start of treatment. The drug has been reported to cause influenza-like syndrome. Extrapyramidal disorders including tardive dyskinesia appear to be rare or absent with Sensipin. Sensipin has little effect on prolactin secretion; endocrine and sexual dysfunction are uncommon.

Commercial Pack

Sensipin[®] Tablet : Box containing 3 blister strips of 10 tablets, each tablet contains Clozapine BP 25 mg.