



1.5.3 Patient information leaflet (PIL)

TOPHEN-100

(Phenytoin Tablets BP 100 mg)

Composition:
Each film coated tablet contains
Phenytoin Sodium BP 100 mg.
Excipients q.s.
Approved colour used.

Phenytoin is not a C.N.S. depressant, some sedation occurs at therapeutic doses but this does not increase with dose-toxic doses produce excitement. Its most outstanding action is abolition of tonic phase of maximal electro shock seizures with no effect/prolongation of clonic phase. It limits spread of seizure activity. Its stabilizing action on cell membrane confers efficacy in trigeminal neuralgia and cardiac arrhythmias. Phenytoin, in contrast to phenobarbitone does not interfere with kindling hence it is less effective in preventing post head injury epilepsy.

Indications: Grandmal cortical focal and psychomotor epilepsy Migraine, Trigeminal neuralgia, cardiac arrhythmias (specially digitalis induced)

Dosage and Administration :
Extended phenytoin sodium Tablet, are formulated with the sodium salt of phenytoin. Because there is approximately an 8% increase in drug content with the free acid form over that of the sodium salt, dosage adjustments and serum level monitoring may be necessary when switching from a product formulated with the free acid to a product formulated with the sodium salt and vice versa.
Dosage should be individualized to provide maximum benefit. In some cases, serum blood level determinations may be necessary for optimal dosage adjustments—the clinically effective serum level is usually 10-20 mcg/mL. With recommended dosage, a period of seven to ten days may be required to achieve steady-state blood levels with phenytoin and changes in dosage (increase or decrease) should not be carried out at intervals shorter than seven to ten days.

Paediatric Dosage:
Initially, 5 mg/kg/day in two or three equally divided doses, with subsequent dosage individualized to a maximum of 300 mg daily. A recommended daily maintenance dosage is usually 4 to 8 mg/kg. Children over 6 years old and adolescents may require the minimum adult dose (300 mg/day).

Pregnancy: May cause the foetal by advise polate supplements to mother.

Contraindication :
Phenytoin is contraindicated in those patients who are hypersensitive to phenytoin or other hydantoin.

Precautions:
Before taking phenytoin, tell your doctor or pharmacist if you are allergic to it; or to other anti-seizure medications (e.g., ethotoin, phenobarbital, ethosuximide, trimethadione); or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems.
Phenytoin can cause rare, serious skin adverse events such as exfoliative dermatitis, Stevens - Johnson syndrome (SJS), and toxic epidermal necrolysis (TEN), which can be fatal. Although serious skin reactions may occur without warning, patients should be alert for the signs and symptoms of skin rash and blisters, fever, or other signs of hypersensitivity such as itching, and should seek medical advice from their physician immediately when observing any indicative signs or symptoms. The physician should advise the patient to discontinue treatment if the rash appears. If the rash is of a milder type (measles-like or scarlatiniform), therapy may be resumed after the rash has completely disappeared. If the rash recurs upon reinstitution of therapy, further phenytoin medication is contraindicated. Published literature has suggested that there may be an increased, although still rare, risk of hypersensitivity reactions, including skin rash, SJS, TEN, and hepatotoxicity in black patients.
If you have diabetes, this drug may increase your blood sugar levels. Check your blood (or urine) glucose level frequently, as directed by your doctor. Promptly report any abnormal results as directed. Your medicine, exercise plan, or diet may need to be adjusted.

Pregnancy
Based on human experience, phenytoin is suggested to cause congenital malformations like craniofacial dysmorphism, anomalies of the distal phalanges, pre- and postnatal growth retardation and cardiac defects



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when administered during pregnancy. For this reason, phenytoin sodium tablet should not be used during pregnancy unless the clinical condition of the woman requires treatment with phenytoin. Women of childbearing potential should be advised that the efficacy of oral contraceptives can be reduced. If treatment is considered essential, phenytoin should preferably be prescribed as monotherapy and at the lowest effective dose, because the incidence of birth defects rises with increasing dosage.

The plasma concentration of phenytoin may decline during pregnancy, while reaching original levels postpartum. Therefore, periodic measurements of phenytoin plasma concentrations should be performed to guide appropriate dose adjustments for maintaining adequate seizure control.

There have been also isolated reports of malignancies, including neuroblastoma, in children whose mothers received phenytoin during pregnancy.

Neonatal coagulation defects have been reported within the first 24 hours in babies born to epileptic mothers receiving phenytoin. Vitamin K1 has been shown to prevent or correct this defect and may be given to the mother before delivery and to the neonate after birth.

Lactation

Infant breast-feeding is not recommended for women taking phenytoin because phenytoin appears to be secreted in low concentrations in human milk.

Special Precaution: Monitor ECG during therapy, may inhibit insulin release. Hepatic impairment. Drug should be withdrawn gradually, Haemopoietic complications.

Adverse Reaction & side Effects :

Central Nervous System: The most common manifestations encountered with phenytoin therapy are referable to this system and are usually dose-related. These include nystagmus, ataxia, slurred speech, decreased coordination, and mental confusion. Dizziness, insomnia, transient nervousness, motor twitchings, and headaches have also been observed. There have also been rare reports of phenytoin induced dyskinesias, including chorea, dystonia, tremor, and asterixis, similar to those induced by phenothiazine and other neuroleptic drugs.

A predominantly sensory peripheral polyneuropathy has been observed in patients receiving long-term phenytoin therapy.

Gastrointestinal System: Nausea, vomiting, constipation, toxic hepatitis, and liver damage.

Drug Interactions: Anticoagulant effect of warfarin may be altered. May reduce the effectiveness of contraceptives. Ethosuximide increases its plasma level. Chloramphenicol increases the serum phenytoin causing toxicity. Rifampicin decreases the serum phenytoin levels. Cyclosporine levels serum phenytoin in the blood may be reduced.

Symptoms and treatment of Overdosage :

The lethal dose in pediatric patients is not known. The lethal dose in adults is estimated to be 2 to 5 grams. The initial symptoms are nystagmus, ataxia, and dysarthria. Other signs are tremor, hyperreflexia, lethargy, slurred speech, nausea, vomiting. The patient may become comatose and hypotensive. Death is due to respiratory and circulatory depression. There are marked variations among individuals with respect to phenytoin plasma levels where toxicity may occur. Nystagmus, on lateral gaze, usually appears at 20 mcg/mL, ataxia at 30 mcg/mL; dysarthria and lethargy appear when the plasma concentration is over 40 mcg/mL, but as high a concentration as 50 mcg/mL has been reported without evidence of toxicity. As much as 25 times the therapeutic dose has been taken to result in a serum concentration over 100 mcg/mL with complete recovery.

Treatment:

Treatment is nonspecific since there is no known antidote. The adequacy of the respiratory and circulatory systems should be carefully observed and appropriate supportive measures employed. Hemodialysis can be considered since phenytoin is not completely bound to plasma proteins. Total exchange transfusion has been used in the treatment of severe intoxication in pediatric patients. In acute overdosage, the possibility of other CNS depressants, including alcohol, should be borne in mind.

Storage: Store under normal storage conditions (15°C to 30°C). Protect from light.

Keep all medicines out of reach of children.

Presentation: Blister pack of 10 x 10 Tablets.
Jar pack of 1000 Tablets



Manufactured in India by:

AGOG PHARMA LTD.

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