RAVIMED TABLET 5MG

DESCRIPTION:
RAVIMED TABLET 5 MG: 7 mm, pink round tablet, scored on one side with 'DUO 861' marking and marking 'duo' on the other side.

COMPOSITION:
Each tablet contains Medroxyprogesterone Acetate 5 mg.

PHARMACODYNAMICS:
Human: Medroxyprogesterone Acetate is a progestational agent. When administered in recommended doses to women with adequate endogenous oestrogen, it transforms proliferative into secretory endometrium. Medroxyprogesterone Acetate inhibits gonadotrophin production, which in turn prevents follicular maturation and ovulation. Like progesterone, Medroxyprogesterone Acetate is thermogenic. At the very high dosage levels used in the treatment of certain cancers (500 mg daily or more), corticoid-like activity may be manifest.

PHARMACOKINETICS:
Medroxyprogesterone Acetate is an orally-active progestational steroid having an apparent half-life of about 30 hours. Medroxyprogesterone Acetate is rapidly absorbed after oral administration. There is high interindividual variability in serum levels after standard doses given by either route of administration.
Medroxyprogesterone Acetate is metabolised and conjugated in the liver. Metabolic products are predominantly excreted in the urine both as conjugated and free forms.

INDICATION:
1. ***Carcinoma:*** Palliative treatment of recurrent and or metastatic breast or renal cell cancer and of inoperable recurrent or metastatic endometrial carcinoma.
2. ***Endometriosis:*** For use in the treatment of visually proven (laparoscopy) endometriosis where the required end-point of treatment is pregnancy, or for the control of symptoms when surgery is contraindicated or has been unsuccessful.
3. Secondary amenorrhoea proven not due to pregnancy. In amenorrhoea associated with a poorly developed proliferative endometrium, conventional oestrogen therapy may be employed in conjunction with Medroxyprogesterone Acetate.
4. Abnormal uterine bleeding in the absence of organic pathology.
5. Adjunct to cyclic oestrogen therapy.

RECOMMENDED DOSAGE:
Inoperable, recurrent metastatic endometrial carcinoma: 200-400 mg daily.
Breast carcinoma: 500 mg daily until progression of disease.
Renal cell carcinoma: 200-400 mg daily.
Endometriosis: Beginning on the first day of the menstrual cycle, 10 mg Ravimed three times daily for 90 consecutive days.
Secondary amenorrhoea not due to pregnancy: In amenorrhoea associated with a poorly developed proliferative endometrium conventional oestrogen therapy may be employed in conjunction with 5-10 mg doses of Ravimed daily for 10 days started anytime during cycle or 2.5-10 mg for 5-10 days beginning on the assumed or calculated 16th to 21st day of the cycle. Treatment should be repeated for three consecutive cycles.
Abnormal uterine bleeding in the absence of organic pathology: 2.5 to 10 mg daily for 5-10 days beginning on the assumed or calculated 16th to 21st day of the cycle. Treatment should be repeated for three consecutive cycles.
Adjunct of cyclic oestrogen therapy: 10 to 20 mg daily for the last 7-10 days of each cycle of oestrogen therapy.

ROUTE OF ADMINISTRATION: For oral use

CONTRAINDICATIONS:
1. Thrombophlebitis, thromboembolic disorders, cerebral apoplexy or patients with a past history of these conditions.
2. Markedly impaired liver function.
3. Undiagnosed vaginal bleeding.
4. Undiagnosed urinary tract bleeding.
5. Undiagnosed breast pathology.
6. Missed abortion.
7. Known-sensitivity to Medroxyprogesterone Acetate.
8. Severe uncontrolled hypertension.

WARNINGS & PRECAUTIONS:
Warnings:
1. The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur, the drug should be discontinued immediately.
2. Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of protosis, diplopia or migraine. If examination reveals papilloedema or retinal vascular lesions, medication should be withdrawn.
3. Clinical suppression of adrenocorticoid function has not been observed at low dose levels. However, at the high doses used in the treatment of cancer, corticoid-like activity has been reported. Animal studies show that Medroxyprogesterone possesses adreno-corticoid activity.
4. The following laboratory tests may be affected by the use of Medroxyprogesterone Acetate: gonadotrophin levels, plasma progesterone levels, urinary prenanedial levels, plasma testosterone levels (in the male), plasma oestrogen levels (in the female), plasma cortisol levels, glucose tolerance tests and metyrapone test.

Precautions:
1. The pretreatment physical examination should include special reference to breast and pelvic organs, as well as Papanicolaou smear.
2. Because this drug may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma or cardiac or renal dysfunction, require careful observation.
3. Breakthrough bleeding is likely to occur in patients being treated for endometriosis. No other hormonal intervention is recommended for managing this bleeding. Non-functional causes should also be borne in mind and in cases of undiagnosed vaginal bleeding adequate diagnostic measures are indicated.
4. A decrease in glucose tolerance has been observed in some patients on progestogens. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving progestogen therapy.
5. Patients who have a history of mental depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree.
6. The age of the patient constitutes no absolute limiting factor although treatment with progestins may mask the onset of the climacteric.
7. The pathologist should be advised of progestin therapy when relevant specimens are submitted.

MEDROXYPROGESTERONE ACETATE TABLETS ARE NOT TO BE USED AS A TEST FOR PREGNANCY OR WHERE PREGNANCY IS SUSPECTED.

INTERACTION WITH OTHER MEDICAMENTS: None available.

USE IN PREGNANCY & LACTATION: Animal studies have shown that high doses of progestogens can cause masculinisation of the female fetus.

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SIDE EFFECTS:
The following events listed in order of seriousness rather than frequency of occurrence have been associated with the use of progestogens including Medroxyprogesterone.
1. Anaphylaxis and anaphylactoid-like reactions.
2. Thromboembolic disease - Thrombophlebitis and pulmonary embolism.
3. Central nervous system - Nervousness, insomnia, somnolence, fatigue, depression, dizziness and headache and tremor.
4. Skin and mucous membranes - Urticaria, pruritus, rash, acne and sweating.
5. Gastro-intestinal nausea.
6. Breast - Tenderness and galactorrhoea.
7. Cervix - Changes in excretions and secretions.
8. Miscellaneous - Hyperpyrexia, Cushing Syndrome, weight gain.
9. Moderate elevation of blood pressure, transient elevation of alkaline phosphatase and/or serum transaminase activities, elevations of serum calcium and potassium levels, and increases in white cells and platelet counts.

SYMPTOMS AND TREATMENT OF OVERDOSE:
Symptoms include nervousness, insomnia, somnolence, fatigue, depression, dizziness and headache and tremor.
Treatment: Early gastric lavage is recommended.

STORAGE CONDITIONS:
Store below 30°C. Protect from light. Keep out of reach of children. *Jauhkan daripada kanak-kanak.*

SHELF LIFE:
Please refer to outer package.

PACK SIZE:
Pack in blister pack of 10's x 10 tablets per box

PRODUCT REGISTRATION HOLDER & MANUFACTURER:
DUOPHARMA (M) SDN BHD
Lot 2599, Jalan Seruling 59 Kawasan 3,
Taman Klang Jaya, 41200 Klang, Selangor, MALAYSIA.

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