TRANPAM TABLET 0.5MG
TRANPAM TABLET 1MG

NAME AND STRENGTH OF ACTIVE SUBSTANCE:

TRANPAM TABLET 0.5MG

Each tablet contains:

Lorazepam……0.5mg

TRANPAM TABLET 1MG

Each tablet contains:

Lorazepam……1mg

PRODUCT DESCRIPTION:

TRANPAM TABLET 0.5MG

A greenish-blue, round, scored of diameter 7mm flat tablet with MPI marking.

TRANPAM TABLET 1MG

A blue, round, scored of diameter 7mm, flat tablet with MPI marking.

PHARMACODYNAMICS :

Lorazepam is a short-acting benzodiazepine. It has a more specific anxiolytic effect than other sedatives such as barbiturates. It also possesses anticonvulsant, sedative, muscle relaxant and amnesic properties. It is believed that benzodiazepines enhance or facilitate the inhibitory neurotransmitter action of gamma-aminobutyric acid (GABA), which mediated both pre- and post-synaptic inhibition in all regions of the central nervous system, following interaction between the benzodiazepine and a specific neuronal membrane receptor.

PHARMACOKINETICS:

Lorazepam is rapidly absorbed after oral administration with a bioavailability of about 90%; peak plasma levels after a 2mg dose are about 20ng/ml and maximal clinical effects occur within 2 hours after administration. Its mean plasma half-life is about 12 hours, whereas that of its conjugated metabolites, lorazepam glucoronide, is about 18 hours. Lorazepam is metabolised in the liver to the inactive glucoronide, and excreted in the urine. Approximately 85% is bound to plasma proteins. There is no evidence of accumulation of lorazepam on administration for up to 6 months. Lorazepam crosses the blood-brain barrier and the placenta; it is also excreted in breast milk.

INDICATION:

It is used in the treatment of anxiety and tension states. As a sedative premedicant, in the control of muscle spasm, as in tetanus, and in the management of alcohol withdrawal symptoms.

RECOMMENDED DOSAGE:

i) Adults: Anxiety : 1-4 mg daily in 2 to 3 divided doses with the largest dose taken at night. Maximum 10mg daily.
Insomnia associated with anxiety : 1-2mg at bedtime.
Premedication : 2-3 mg the night before operation.
2-4 mg one to two hours before operation.

ii) Elderly or debilitated patients: ½ the usual adult doses, or less.

iii) Children:

5 to 13 years : Premedication : 0.5 – 2.5mg (50 μg per kg- body weight) not less than one hour before operation.
Lorazepam is not recommended for the treatment of anxiety or insomnia in children.

ROUTE OF ADMINISTRATION:

To be taken orally.

CONTRAINDICATIONS:

It is contraindicated in patients with known hypersensitivity to the benzodiazepines or with acute narrow-angled glaucoma. It should be avoided in pregnancy or nursing mothers, or in patients with pre-existing central nervous system depression or coma, myasthenia gravis, severe hepatic insufficiency, acute pulmonary insufficiency, or sleep apnoea.

WARNINGS AND PRECAUTIONS:

1. Lorazepam should be used with care in those with chronic pulmonary insufficiency.
2. Care should be taken in the elderly or debillitated patients who may be more prone to adverse effects.
3. Caution is required in patients with impaired liver or kidney function, and organic brain changes particularly arteriosclerosis.
4. The sedative effects of lorazepam are most marked during the first few days of administration; affected patients should not drive or operate machinery. Patients given benzodiazepines should avoid concurrent use of alcohol and other drugs which may cause drowsiness or sleep.
5. Lorazepam should not be used for the treatment of chronic psychosis or for phobia or obssessional states. It should not be used alone to treat depression or anxiety associated with depression and should be used with care in patients with personality disorders.
6. Anaphylaxis (severe allergic reaction) and angioedema (severe facial swelling) which can occur as early as the first time the product is taken.
7. Complex sleep- related behaviors which may include sleep driving, making phone calls, preparing and eating food (while asleep).
8. Risk from concomitant use with opioids:
   Profound sedation, respiratory depression, coma, and death may result from the concomitant use of Tranpam 0.5mg / 1mg with opioids. Observational studies have demonstrated that concomitant use of opioids and benzodiazepines increases the risk of drug-related mortality compared to use of opioids alone. Because of these risks, reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate.
   If the decision is made to newly prescribe a benzodiazepine and an opioid together, prescribe the lowest effective dosages and minimum durations of concomitant use.
   If the decision is made to prescribe a benzodiazepine in a patient already receiving an opioid, prescribe a lower initial lower dose of the benzodiazepine than indicated in the absence of an opioid, and titrate based on clinical response.
   If the decision is made to prescribe an opioid in a patient already taking a benzodiazepine, prescribe a lower initial dose of the opioid, and titrate based on clinical response.
   Follow patients closely for signs and symptoms of respiratory depression and sedation. Advise both patients and caregivers about the risks of respiratory depression and sedation when Tranpam 0.5mg / 1mg is used with opioids. Advise patients not to drive or operate heavy machinery until the effects of concomitant use of the opioid have been determined. Screen patients for risk of substance use disorders, including opioid abuse and misuse, and warn them of the risk for overdose and death associated with the use of opioids (See Drug Interactions)

INTERACTIONS WITH OTHER MEDICAMENTS:

Sedation or respiratory and cardiovascular depression may be enhanced by other drugs with central nervous system depression properties or agents that interfere with their metabolism; these include alcohol, antidepressants, antihistamines, general anaesthetics, other hypnotics or sedatives, neuroleptics, and opioid analgesics.

Opioids:

Due to additive pharmacologic effect, the concomitant use of opioids with benzodiazepines increases the risk of respiratory depression, profound sedation, coma and death.

The concomitant use of opioids and benzodiazepines increases the risk of respiratory depression because of actions at different receptor sites in the central nervous system that control respiration. Opioids interact primarily at μ-receptors, and benzodiazepines interact at $GABA_A$ sites. When opioids and benzodiazepines are combined, the potential for benzodiazepines to significantly worsen opioid-related respiratory depression exists.

Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate (see Warnings and Precautions).

Limit dosage and duration of concomitant use of benzodiazepines and opioids, and follow patients closely for respiratory depression and sedation.

PREGNANCY AND LACTATION:

Lorazepam crosses the blood-brain barrier and the placenta; it is also excreted in breast milk. It should be avoided in pregnancy or nursing mothers.

SIDE EFFECTS:

Drowsiness, sedation and ataxia are the most common and are often dose-dependent. Elderly and debilitated patients are especially susceptible to these reactions. Other effects occasionally observed include vertigo, headache, confusion, mental depression, slurred speech or dysarthria, changes in libido, tremor, visual disturbances, urinary retention or incontinence, gastro-intestinal disturbances, changes in salivation, amnesia, and paradoxical excitation and disinhibition. Jaundice, blood disorders, and hypersensitivity reactions have been reported rarely. Respiratory depression and hypotension occasionally occur with high dosage and parenteral administration. Rebound anxiety and insomnia may be a result of tolerance to the effects of lorazepam or part of a withdrawal syndrome.

SYMPTOMS AND TREATMENT OF OVERDOSAGE:

Symptoms: Overdosage produce central nervous system depression and coma although fatalities are rare when taken alone. Impairment of consciousness is fairly rapid on poisoning by benzodiazepines. Deep coma or other manifestations of severe depression of brainstem vital functions are rare; more common is a sleep-like state from which the patient can be temporarily raised by appropriate stimuli. There is usually little or no respiratory depression, and cardiac rate and rhythm remain normal in the absence of anoxia or severe hypotension.

Treatment: Following recent ingestion of an overdose of lorazepam the stomach may be emptied by gastric lavage. Treatment is generally symptomatic and supportive although the specific benzodiazepine antagonist, flumazenil, may be indicated in emergencies. Flumazenil may also be useful in the diagnosis of benzodiazepine overdosage. Dialysis is of little value.

EFFECT ON ABILITY TO DRIVE AND USE MACHINE.

Can cause drowsiness. Do not drive or operate machinery.

PRECLINICAL SAFETY DATA

Not applicable

INSTRUCTION FOR USE

For oral use only

DOSAGE FORMS AND PACKAGING AVAILABLE:

Dosage Form: Tablet

TRANPAM TABLET 0.5MG

Packing size: Blister pack: 100 x 10's

TRANPAM TABLET 1MG

Packing size: Blister pack: 100 x 10's

NAME AND ADDRESS OF MANUFACTURER / PRODUCT REGISTRATION HOLDER:

MALAYSIAN PHARMACEUTICAL INDUSTRIES SDN BHD (101323-U)
Plot 14, Lebuhraya Kampung Jawa,11900 Bayan Lepas,
Pulau Pinang, Malaysia.

DATE OF REVISION:

22/02/2018