For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

INTASRISDONE -1, 2

(Risperidone Tablets 1 mg, 2 mg)

Name and strength of active ingredient
Risperidone 1 mg, 2 mg

Dosage form
Film Coated Tablet

Intasrisdone-1 mg:
Each film coated tablet contains:
Risperidone Ph.Eur. 1 mg

Intasrisdone-2 mg:
Each film coated tablet contains:
Risperidone Ph.Eur. 2 mg

Product Description
Intasrisdone 1 mg: White to off white, capsule shaped, biconvex film coated tablets, plain on both sides.

Intasrisdone 2 mg: Light orange coloured, capsule shaped, biconvex film coated tablets plain on both sides.

Clinical Pharmacology:
Risperidone is a selective monoaminergic antagonist with a high affinity for both serotonergic 5-HT_2 and dopaminergic D_2 receptors. Risperidone produces its antipsychotic activity through a combination of dopamine type 2(D_2) and serotonin type 2($5HT_2$) antagonism.

Risperidone is completely absorbed after oral administration, reaching peak plasma concentrations within 1 to 2 hours. The absorption is not affected by food. It is metabolized in the liver to 9-hydroxyrisperidone which has a similar pharmacological activity to risperidone. After oral administration, the elimination half-life of the active antipsychotic fraction is 24 hours; the absolute bioavailability of risperidone is 70%. It is 90% plasma protein bound.

Indications:
Risperidone is indicated for the treatment of acute and chronic schizophrenic psychoses and other psychotic conditions in which positive symptoms and/or negative symptoms are prominent. Risperidone also alleviates affective symptoms associated with schizophrenia.

Dosage and administration:
Schizophrenia: adults should start with 2 mg/day in 2 divided doses and titrated accordingly to between 4-6 mg per day. Some patients may benefit from a lower optimal dose. For some patients such as first episode patients, a slower titration phase and a lower starting and maintenance dose may be appropriate. Doses above 10 mg/day generally have not been shown to provide additional efficacy and may increase risk of extrapyramidal symptoms.

Use of Risperidone in children below 15 years is not established. For patients with renal and liver disease or elderly; a starting dose of 0.5 mg twice a day is recommended with of 0.5 mg twice a day increments to 1 to 2 mg twice a day.

Route of administration:
Oral

Contraindications:
It is contraindicated in patients with known hypersensitivity to benzisoxazole derivatives.

Warning and Precautions:
Risperidone is not recommended for the treatment of behavioral symptoms of dementia due to an increased risk of cerebrovascular events. Treatment of acute psychoses in patients with a history of dementia should be limited to short term only. Caution to be taken when treating patients with known cardiovascular disease or associated risk factors. Orthostatic hypotension may occur in the initial dose titration phase.

All antipsychotic drugs should be discontinued if signs and symptoms of tardive dyskinesia (rhythmical involuntary movement, predominantly of face and tongue) or neuroleptic malignant syndrome (hyperthermia, muscle rigidity, autonomic instability, altered consciousness and elevated CPK levels) occur. Risperidone should be used with caution in patients with known cardiovascular disease, renal and liver disease, Parkinson's disease and epilepsy. It is recommended to halve both the starting and subsequent dose increments in geriatric patients and patients with renal or liver insufficiency. Hyperglycaemia or exacerbation of pre-existing diabetes has been reported very rarely. Patients are advised not to drive or operate machineries if Risperidone interfere with their mental alertness.

Gradual withdrawal of antipsychotics is advised to minimize the recurrence of psychotic symptoms and the emergence of involuntary movement disorders.

Intraoperative Floppy Iris Syndrome
Intraoperative floppy iris syndrome (IFIS) has been observed during cataract surgery in patients treated with medicines with alpha1a-adrenergic antagonist effect, including risperidone. IFIS may increase the risk of eye complications during and after the operation. Current or past use of medicines with alpha1a-adrenergic antagonist effect should be made known to the ophthalmic surgeon in advance of surgery. The potential benefit of stopping alpha1 blocking therapy prior to cataract surgery has not been established and must be weighed against the risk of stopping the antipsychotic therapy.

Hyperglycemia and Diabetes Mellitus
Hyperglycemia in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. Assessments of the relationship between atypical antipsychotics use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given this confounders, the relationship between atypical antipsychotics use and hyperglycemia-related adverse events is not completely understood. However, epidemiology studies suggest an increased risk of treatment-emergent hyperglycemia-related events in patients treated with the atypical antipsychotics. Precise risk estimates for hyperglycemia-related adverse events in patients treated with atypical antipsychotics are not available.
Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g obesity , family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued: however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.

File Name : RINT01I1740-INTASRISDONE(MAL)PIL
Size : 140 x 210 (mm) Front Side
Colour : Pantone Black
Date : 24/04/20, 06/04/22, 11*04*22, 28*04*22

Use in pregnancy and lactation:
Neonates exposed to antipsychotic drugs during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress, and feeding disorder in these neonates. These complications have varied in severity; while in some cases symptoms have been self-limited, in other cases neonates have required intensive care unit support and prolonged hospitalization. Intasrisdone should be used during pregnancy only if the potential benefit justifies the potential risk to the foetus.

Use in pregnancy, lactation & children is not recommended.

Drug Interactions:
Caution if used in combination with other centrally acting drugs including alcohol. Hepatic enzymes inducers like carbamazepine may reduce the plasma level of Risperidone. Phenothiazines, tricyclic antidepressants and some beta blockers may increases the plasma concentration of risperidone. Fluoxetine and paroxetine, CYP2D6 inhibitors may increase the plasma concentration of risperidone but less of the active antipsychotic fraction. The same interaction may occur with haloperidol.

Amitriptyline does not affect the pharmacokinetics of risperidone. Cimetidine and ranitidine increase the bioavailability of risperidone but marginally of the antipsychotic fraction. Erythromycin, a CYP 3A4 inhibitors, does not change the pharmacokinetics of risperidone and the active antipsychotic fraction.

When taken with other highly bound drugs, there is no clinically relevant displacement of either drug. Risperidone does not show a clinically relevant effect on the pharmacokinetics of valproate. In patients on long term lithium and older/typical neuroleptic therapy, there is no significant change in the pharmacokinetics of lithium after substitution of the concomitant neuroleptic with risperidone. Food does not affect the absorption of risperidone.

Side Effects:
Generally, risperidone is well tolerated and in many instances it has been difficult to differentiate adverse events from symptoms of the underlying disease.

Common side effects are insomnia, agitation, anxiety and headache.

Less common: somnolence, fatigue, dizziness, impaired concentration, constipation, dyspepsia, nausea/vomiting, abdominal pain, blurred vision, erecticle dysfunction, ejaculatory dysfunction, orgasmic dysfunction, urinary incontinence, rhinitis, rash and other allergic reactions. In some cases, extrapyramidal symptoms may occur.

Occasionally, orthostatic hypotension and cerebrovascular accidents has been observed. Risperidone can induce a dose-dependent increase in plasma prolactin concentration with possibly galactorrhoea, gynaecomastia, disturbances of the menstrual cycle and amenorrhea.

Weight gain, oedema, increased hepatic enzyme levels decrease in neutrophil and/or thrombocyte count as well as hyperglycaemia have been observed during treatment. As with classical neuroleptics, rare cases of the following have been reported in schizophrenia patients: water intoxication with hyponatraemia, either due to polydipsia or to the syndrome of inappropriate secretion of antidiuretic hormone; tardive dyskinesia, body temperature dysregulation and seizures. Sedation, generally transient and mild has been reported more frequently in children and adolescents.

Postmarketing Data
Eye Disorders
Frequency: Not known – Floppy iris syndrome (intraoperative).

Overdosage:
The symptoms of overdosage are drowsiness, sedation, tachycardia, hypotension and extrapyramidal symptoms. There is no specific antidote for Risperidone. Treatment of overdosage is symptomatic and through supportive measures.

Packaging:
Intasrisdone-1 mg, 2 mg tablets are packed in PVC/PVDC - Alu Blister of 10 tablets.
Each Carton contains 10 such blister. (10 x 10T)

Storage:
Store below 30°C in a dry place. Protect from light.

Shelf Life:
3 years from the date of Manufacturing.

Manufactured by:
INTAS
INTAS PHARMACEUTICALS LTD.
Matoda-382 210, Dist. : Ahmedabad. INDIA

Product Registration Holder
Jetpharma Sdn Bhd
No.13, Jalan Rajawali 2, Bandar Puchong Jaya
47100 Puchong, Selangor, Malaysia

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