PROFESSIONAL INFORMATION

SCHEDULING STATUS

S5

1 NAME OF THE MEDICINE
TAMOMILT 10 film-coated tablets
TAMOMILT 20 film-coated tablets
TAMOMILT 40 film-coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each film-coated tablet contains citalopram hydrobromide corresponding to 10 mg, 20 mg or 40 mg citalopram.
TAMOMILT 10
Each 10 mg film-coated tablet contains 26,26 mg lactose (sugar)
TAMOMILT 20
Each 20 mg film-coated tablet contains 52,52 mg lactose (sugar)
TAMOMILT 40
Each 40 mg film-coated tablet contains105,04 mg lactose (sugar)
For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM
Film-coated tablets.
TAMOMILT 10: 5,5 mm normal convex, white film-coated tablet debossed “CM 10” on one side and “G” on the other.
TAMOMILT 20: 8 mm x 5,6 mm oval normal convex, white film-coated tablet debossed “CM 20” on one side and “G” on the other.
TAMOMILT 40: 11,65 mm x 7,13 mm oval normal convex, white film-coated tablet debossed “CM 40” on one side and “G” on the other.

4 CLINICAL PARTICULARS
4.1 Therapeutic indications
TAMOMILT is indicated for the treatment of:
- Depression and prevention of relapse
- Panic disorders with or without agoraphobia
- Obsessive-compulsive disorder (OCD)

4.2 Posology and method of administration
Posology

Depression:
20 mg a day as a single dose. Dosage may be increased by 20 mg a day at intervals of at least one week to a maximum of 60 mg depending on the patient’s response.

Panic Disorder:
10 mg a day as a single dose for the first week, then increasing to 20 mg a day. The dose may be increased thereafter as required to a maximum of 60 mg a day depending on the patient’s response.
Obsessive-Compulsive Disorder:
20 mg a day as a single dose. This dose can be increased by 20 mg increments to a maximum of 60 mg a day depending on the patient’s response.

Special Populations:
Elderly: 20 mg a day as a single dose. Depending on the patient’s response, the dose can be increased to a maximum of 30 mg a day.
Reduced hepatic function: Dose should be halved.
Reduced renal function: Dose adjustment is not necessary in cases of mild to moderate renal impairment.

The onset of action is seen within 2 to 4 weeks. Treatment should be continued for an appropriate length of time (up to six months) after recovery in order to prevent relapse. The medicine should be gradually withdrawn during a couple of weeks when stopping therapy. (See section 4.8).

Method of administration
For oral use.
TAMOMILT may be taken with or without food in the morning or evening.

4.3 Contraindications
- Hypersensitivity to citalopram or to any of the excipients of TAMOMILT (see section 6.1).
- Concurrent use with a monoamine oxidase inhibitor (MAOI). At least 14 days should elapse between discontinuing the MAOI and initiating therapy with TAMOMILT. MAOIs should not be introduced for 7 days after discontinuation of TAMOMILT. (See section 4.5).
- Severe renal impairment (creatine clearance less than 20 ml/min).
- Safety and efficacy in pregnancy and lactation has not been established.
- Children under the age of 18 years. (See section 4.4).

4.4 Special warnings and precautions for use
TAMOMILT should be used with caution in:
- Elderly patients – Longer half-life and decreased clearance due to a reduced rate of metabolism. A lower dose is recommended in the elderly.
- Hepatic impairment – Clearance of TAMOMILT is reduced. Cautious dosage titration and a lower maximum dose are recommended.
- Renal impairment – Elimination is decreased. If creatinine clearance is less than 20 ml/min TAMOMILT should not be used. (See section 4.3)
- Seizures or history thereof – There is an increased risk of seizures. TAMOMILT should be used with caution in patients with controlled epilepsy and avoided in patients who are poorly controlled epileptics. Care is advised in patients receiving electroconvulsive therapy.
- Mania or history of mania – Condition may be re-activated. TAMOMILT should be discontinued if the patient enters the manic phase.
- TAMOMILT may cause a reduction in heart rate. Caution is advised in patients with a pre-existing slow heart rate.
- Diabetes mellitus – Rare occurrences of hypoglycaemia have been reported.
- TAMOMILT should not be used with monoamine oxidase inhibitors; imipramine; other serotonergic medicines; moclobemide; alcohol; warfarin and cimetidine. (See section 4.5)

Patients with major depressive disorder, both adults and children, may experience worsening of their depression and/or the emergence of suicidal ideation and behaviour, whether or not they are taking antidepressant medicines. This risk may persist until significant remission occurs. A causal role, however, for antidepressant medicines in inducing such behaviour has not been established. Patients being treated with TAMOMILT should, nevertheless, be observed closely for clinical worsening and suicidality, especially at the beginning of a course of therapy, or at any time of dose changes, either increases or decreases.

Because of the possibility of co-morbidity between major depressive disorder and other psychiatric and non-psychiatric disorders, the same precautions observed when treating patients with major depressive disorder should be observed when treating patients with other psychiatric and non-psychiatric disorders.

The following symptoms have been reported in patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric: anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressiveness, impulsivity, akathisia, hypomania, and mania). Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, consideration should be given to changing the therapeutic regimen, including possibly discontinuing TAMOMILT, in patients for whom such symptoms are severe, abrupt in onset, or were not part of the patient’s presenting symptoms. If the decision is made to discontinue treatment, TAMOMILT should be tapered. (See section 4.2).

Safety and efficacy in children under 18 years of age have not been established. (See section 4.3).

Haemorrhage
There have been reports of prolonged bleeding time and /or bleeding abnormalities such as ecchymoses, gynaecological haemorrhages, gastrointestinal bleeding and other cutaneous or mucous bleedings with SSRIs (see section 4.8). SSRIs/SNRIs may increase the risk of postpartum haemorrhage (see sections 4.6, 4.8). Caution is advised in patients taking Sin SRIs (as in TAMOMILT), particularly with concomitant use of active substances known to affect platelet function or other active substances that can increase the risk of haemorrhage, as well as in patients with a history of bleeding disorders (see section 4.5).

SUICIDE/SUICIDAL THOUGHTS OR CLINICAL WORSENING
Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment with TAMOMILT, patients should be closely monitored until such improvement occurs.
It is general clinical experience that the risk of suicide may increase in the early stages of recovery.

Other psychiatric conditions for which TAMOMILT is prescribed can also be associated with an increased risk of suicide-related events. In addition, these conditions may be co-morbid with major depressive disorder. The same precautions observed when treating patients with major depressive disorder should therefore be observed when treating patients with other psychiatric disorders.
- Patients should be monitored during early therapy until improvement in depression is observed because suicide is an inherent risk in depressed patients.
- TAMOMILT may impair performance of skilled tasks. If affected, these patients should not operate machinery or drive.
- Serotonin syndrome is more likely to occur after an increase in dose.
- If therapy with TAMOMILT is to be discontinued, it is recommended that the dose is decreased gradually in order to prevent the possibility of a withdrawal syndrome.
- Avoid alcohol. (See section 4.5)
- Safety and efficacy in children under 18 years of age have not been established. In clinical trials in Major Depressive Disorder, there were increased reports of hostility and suicide-related adverse events such as suicidal ideation and self-harm.

Excipients
TAMOMILT 10, 20 and 40 film-coated tablets contain lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicines and other forms of interaction
- Monoamine oxidase inhibitors (MAOI) – Concurrent use is contra-indicated. Serious and potentially fatal reactions have occurred, such as: hyperthermia, rigidity, myoclonus, autonomic instability with rapid fluctuation of vital signs and mental status changes including extreme agitation progressing to delirium and coma. (See section 4.3).
- Imipramine – An increase in the concentration of desimipramine (the active metabolite of imipramine) may occur. It appears that TAMOMILT does not cause a marked increase in plasma levels of some tricyclic antidepressants.
- Other serotonergic medicines or medicines with serotonergic activity – Increased risk of developing the serotonin syndrome, a rare but potentially fatal hyperserotonergic state.
- Moclobemide – Serotonin syndrome has developed after taking overdoses of moclobemide and TAMOMILT.
- Alcohol – The effects of alcohol may be increased.
- Warfarin – The anticoagulant activity of warfarin may be increased.
- Cimetidine – The AUC and the maximum plasma concentration of TAMOMILT are increased when TAMOMILT is administered concurrently with cimetidine.

Haemorrhage
Caution is warranted for patients who are being treated simultaneously with anticoagulants, medicinal products that affect the platelet function, such as non- steroidal anti-inflammatory drugs (NSAIDs), acetylsalicylic acid, dipyridamole, and ticlopidine or other medicines (e.g. atypical antipsychotics) that can increase the risk of haemorrhage (see section 4.4).

4.6 Fertility, pregnancy and lactation
Safety and efficacy in pregnancy and lactation has not been established.
Observational data indicate an increased risk (less than 2-fold) of postpartum haemorrhage following SSRI/SNRI exposure within the month prior to birth (see sections 4.4, 4.8).
TAMOMILT is excreted into the breast milk.

4.7 Effects on ability to drive and use machines
TAMOMILT has minor or moderate influence on the ability to drive and use machines.

4.8 Undesirable effects
Cases of suicidal ideation and suicidal behaviours have been reported during TAMOMILT therapy or early after treatment discontinuation.

Cardiovascular disorders:
Frequent: Palpitations, tremor.
Less frequent: Bradycardia.

Nervous system disorders:
Frequent: Sleep disturbances, paraesthesia, restlessness, somnolence, headache, dizziness, fatigue.
Less frequent: Agitation, confusion, impaired concentration, malaise, mania, convulsions, serotonin syndrome, neuroleptic malignant syndrome.

Endocrine/Metabolic disorders:
Frequent: Weight changes.

Gastrointestinal disorders:
Frequent: Nausea, constipation, diarrhoea, dyspepsia, dry mouth.
Less frequent: Salivation.

Reproductive system and breast disorders:
Frequent: Micturition disorders.
Less frequent: Sexual dysfunction including ejaculation disorder, decreased libido, anorgasmia.
Frequency unknown: Postpartum haemorrhage (see section 4.4 and 4.6).

Hepatobiliary disorders:
Less frequent: Hepatitis.

Musculoskeletal and, connectivetissue disorders:
Frequent: Asthenia.

Eye disorders:
Frequent: Accommodation disturbances.
Less frequent: Mydriasis.

Respiratory thoracic andmediastinal disorders:
Less frequent: Nasal congestion.

Skin and subcutaneous tissue disorders:
Frequent: Sweating.
Less frequent: Rash.

General disorders and administration site conditions:
Less frequent: Yawning.
Hostility, suicidal ideation and self-harm have been reported in children.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the “**6.04 Adverse Drug Reactions & Quality Problem Reporting Form”**, found online under SAHPRA’s publications:
https://sahpra.org.za/wp-content/uploads/2020/01/6.04_ARF1_v5.1_27Jan2020.pdf

4.9 Overdose
Symptoms of Overdose:
Tiredness, weakness, sedation, dizziness, tremor, nausea, somnolence and sinus tachycardia.
Treatment of Overdose:
Treatment is symptomatic and supportive.
There is no specific antidote to TAMOMILT.
The stomach should be emptied as soon as possible by emesis or gastric lavage. Monitoring of cardiac and vital signs necessary and medical surveillance is advisable for about 24 hours.

5 PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Pharmacological Classification: A 1.2 Psychoanaleptics (antidepressants).
Pharmacotherapeutic group: antidepressants, selective serotonin reuptake inhibitors ATC-code:
N 06 AB 04.

Citalopram is a bicyclic phthalane derivative with antidepressant effect. Its effect is linked to the selective inhibition of specific serotonin (5-HT) reuptake.
Citalopram, primarily through its (S)-enantiomer, blocks 5-HT reuptake, leading to potentiation of serotonergic activity in the central nervous system (CNS). Neither citalopram nor its metabolites have an effect on noradrenaline, dopamine and GABA reuptake.
Citalopram also has little or no antidopaminergic, anti-adrenergic, antiserotonergic, antihistaminergic or anticholinergic properties.

5.2 Pharmacokinetic properties
Oral bioavailability is about 80 % with maximum plasma levels being reached in 4 hours (range 1 to 6 hours). Volume of distribution is about 14L/kg (range 9 to 17L/kg). Time to reach steady state concentration is 1 to 2 weeks. Protein binding is about 80 %.
Elimination half-life is 36 hours (range 28 – 42 hours). Citalopram undergoes hepatic metabolism primarily involving the cytochrome P450 (CYP3A4) and 2C19 (CYP2C19) isoenzymes and to a small extent cytochrome P450 2D6 (CYP2D6) isoenzymes. The metabolites inhibit the reuptake of serotonin, but are less potent than the parent molecule. Citalopram is excreted mainly via the liver with the remainder via the kidneys (approximately 20 % of which 12 % is unchanged medicine). Longer half-lives and decreased clearance due to a reduced rate of metabolism have been demonstrated in the elderly.

6 PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Crospovidone
Hypromellose
Macrogol (4000)
Magnesium stearate
Maize starch
Microcrystalline cellulose
Povidone (K30)
Titanium dioxide

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
24 months.

6.4 Special precautions for storage
Store at or below 25°C. Keep containers well closed.

6.5 Nature and contents of container
Clear PVC/PVDC blisters sealed with aluminium foil. Pack size of 28, 30.
White HDPE tablet containers with PP caps. Pack size of 28, 50 or 100.
White PP tablet containers with PE caps. Pack size of 28, 50 or 100.

6.6 Special precautions for disposal and other handling
No special precautions required.

7 HOLDER OF CERTIFICATE OF REGISTRATION
Trinity Pharma (Pty) Ltd.
106 16th Road, Building 2
Midrand
1686

8 REGISTRATION NUMBERS
TAMOMILT 10: A38/1.2/0547
TAMOMILT 20: A38/1.2/0548
TAMOMILT 40: A38/1.2/0549

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
23 August 2011

10 DATE OF REVISION OF THE TEXT
19 April 2021

TRINITY PHARMA

Tel: 010 594 5610. Email: PV@kahmagroup.co.za

PROFESSIONELE INLIGTING

SKEDULERINGSTATUS

S5

1 NAAM VAN DIE MEDISYNE
TAMOMILT 10 filmbedekte tablette
TAMOMILT 20 filmbedekte tablette
TAMOMILT 40 filmbedekte tablette

2 KWALITATIEWE EN KWANTITATIEWE SAMESTELLING
Elke filmbedekte tablet bevat sitalopramhidrobromied wat gelykstaande is aan 10 mg, 20 mg of 40 mg sitalopram.
TAMOMILT 10
Elke 10 mg filmbedekte tablet bevat 26,26 mg laktose (suiker)
TAMOMILT 20
Elke 20 mg filmbedekte tablet bevat 52,52 mg laktose (suiker)
TAMOMILT 40
Elke 40 mg filmbedekte tablet bevat 105,04 mg laktose (suiker)
Vir die volledige lys van hulpstowwe, verwys na afdeling 6.1.

3 FARMASEUTIESE VORM
Filmbedekte tablette.
TAMOMILT 10: 5,5 mm gewone, konvekse, wit, filmbedekte tablet met “CM 10” aan die een kant en “G” aan die ander kant.
TAMOMILT 20: 8 mm x 5,6 mm oval, gewone, konvekse, wit, filmbedekte tablet met “CM 20” aan die een kant en “G” aan die ander kant.
TAMOMILT 40: 11,65 mm x 7,13 mm oval, gewone, konvekse, wit, filmbedekte tablet met “CM 40” aan die een kant en “G” aan die ander kant.

4 KLINIESE BESONDERHEDE
4.1 Terapeutiese indikasies
TAMOMILT is aangedui vir die behandeling van:
- Depressie en voorkoming van terugval
- Paniekversteurings met of sonder agorafobie
- Obsessief-kompulsiewe versteuring (OKV)

4.2 Dosering en metode van toediening
Posologie

Depressie:
20 mg per dag as ‘n enkeldosis. Dosis kan verhoog word met 20 mg per dag met tussenposes van ten minste een week tot ‘n maksimum van 60 mg, afhangende van die pasiënt se reaksie.

Paniekversteurings:
10 mg per dag as ‘n enkeldosis vir die eerste week, wat dan verhoog kan word tot 20 mg per dag. Die dosis kan daarna verhoog word soos benodig tot ‘n maksimum van 60 mg per dag, afhangende van die pasiënt se reaksie.

Obsessief-kompulsiewe versteuring:
20 mg per dag as ‘n enkeldosis. Hierdie dosis kan met 20 mg inkremente verhoog word tot ‘n maksimum van 60 mg per dag, afhangende van die pasiënt se reaksie.

Spesiale bevolkings:
Bejaardes: 20 mg per dag as ‘n enkeldosis. Afhangende van die pasiënt se reaksie, kan die dosis verhoog word tot ‘n maksimum van 30 mg per dag.
Verswakte lewerfunksie: Dosis moet gehalveer word.
Verswakte nierfunksie: Dosisaanpassing is nie nodig in gevalle van ligte tot matige nierversaking.

Die aanvangswerking word binne 2 tot 4 weke waargeneem. Behandeling moet vir ‘n gepaste tydperk (tot ses maande) na herstel voortgesit word om terugval te voorkom. Die medisyne moet geleidelik onttrek word oor ‘n tydperk van ‘n paar weke voordat terapie gestaak word. (Verwys na afdeling 4.8).

Metode van toediening
Vir mondelinge gebruik.
TAMOMILT kan soggens of saans met of sonder kos geneem word.

4.3 Kontraindikasies
- Hipersensitiwiteit vir sitalopram of vir enige van die hulpstowwe van TAMOMILT (verwys na afdeling 6.1).
- Gelyktydige gebruik met ‘n monoamienoksidase-inhibeerder (MAOI). ‘n Tydperk van ten minste 14 dae moet verloop tussen die staking van die MAOI en die aanvang van terapie met TAMOMILT. MAOI’s terapie moet nie geinisieer word binne 7 dae na TAMOMILT gebruik gestaak is nie. (Verwys na afdeling 4.5).
- Ernstige nierversaking (kreatienopruiming minder as 20 ml/min).
- Veiligheid en doeltreffendheid tydens swangerskap en laktasie is nie vasgestel nie.
- Kinders onder die ouderdom van 18 jaar. (Verwys na afdeling 4.4).

4.4 Spesiale waarskuwings en voorsorgmaatreëls vir gebruik
TAMOMILT moet met omsigtigheid gebruik word in:
- Bejaarde pasiënte – Langer halfleeftyd en verminderde opruiming as gevolg van ‘n verlaagde tempo van metabolisme. ‘n Laer dosis word aanbeveel in bejaardes.
- Lewerversaking – Opruiming van TAMOMILT word verminder. Versigtige dosistitrasie en ‘n laer maksimum dosis word aanbeveel.
- Nierversaking – Eliminasie word verminder. Indien kreatinienopruiming minder as 20 ml/min is, moet TAMOMILT nie gebruik word nie. (Verwys na afdeling 4.3)
- Aanvalle of geskiedenis daarvan – Daar is ‘n verhoogde risiko van aanvalle. TAMOMILT moet met omsigtigheid gebruik word in pasiënte met gekontroleerde epilepsie en vermy word in pasiënte wat swak beheerde epilepsie. Voorsorg word aangeraai in pasiënte wat elektrokonvulsiewe terapie ontvang.
- Manie of geskiedenis van manie – Toestand kan weer geaktiveer word. TAMOMILT moet gestaak word indien die pasiënt ‘n maniese fase ervaar.
- TAMOMILT kan ‘n verlaging in hartklop veroorsaak. Pasiënte met ‘n geskiedenis van stadige hartklop word aangeraai om versigtig te wees.
- Diabetes mellitus – Rare gevalle van hipoglukemie is aangemeld.
- TAMOMILT moet nie saam met monoamienoksidase-inhibeerders gebruik word nie. Ander middels sluit in imipramien, ander serotonergiese medisyne, moklobemied, alkohol, warfarien en simetidien. (Verwys na afdeling 4.5)

Pasiënte met ernstige depressiewe versteuring, insluitend beide volwassenes en kinders, kan verergering van depressie en/of die ontstaan van selfmoordgedagtes en -gedrag ervaar, ongeag of hul antidepressante medisyne gebruik of nie. Hierdie risiko kan voortduur totdat beduidende remissie plaasgevind het. Oorsake vir die rol wat antidepressante medisyne om sulke gedrag speel, is egter nie vasgestel nie.

Pasiënte wat met TAMOMILT behandel word, moet nietemin noukeurig waargeneem word vir kliniese agteruitgang en selfmoord, veral tydens aanvangsterapie of enige tyd tydens dosisveranderings, hetsy verhogings of verlagings.

As gevolg van die moontlikheid van ko-morbiditeit tussen ernstige depressiewe versteuring en ander psigiatriese en nie-psigiatriese versteurings, moet dieselfde voorsorgmaatreëls toegepas word wanneer pasiënte met ernstige depressiewe versteuring behandel word, veral wanneer pasiënte vir ander psigiatriese en nie-psigiatriese versteurings behandel word.

Die volgende simptome is aangemeld in pasiënte wat met antidepressante behandel word vir ernstige depressiewe versteuring sowel as vir ander indikasies, beide psigiatriese en nie-psigiatriese versteurings: anstigheid, agitasie, paniekaanvalle, slapeloosheid, geïrriteerdheid, vyandigheid (aggressiwiteit, impulsiwiteit, akathisia, hipomanie en manie). Hoewel daar nog nie ’n oorsaak vasgestel is vir die verband tussen die aanvang van sodanige simptome, en of die verergering van depressie en/ of die ontstaan van selfmoordimpulse nie, moet dit oorweeg word om die terapeutiese regime te verander, dit sluit in die moontlike staking van TAMOMILT by pasiënte in wie die simptome baie erg is, skielik begin het, of waar dit nie deel van die pasiënt se aanvanklike simptome was nie.

Indien daar besluit word om die behandeling met TAMOMILT te staak, word aanbeveel dat die aanbevole dosis geleidelik verminder word om die moontlikheid van onttrekkingsimptome te voorkom. (Verwys na afdeling 4.2).

Die veiligheid en doeltreffendheid van TAMOMILT by kinders onder 18 jaar is nog nie vasgestel nie. (Verwys na afdeling 4.3).

Bloeding
Verslae van verlengde bloedingstyd en/of bloedingsabnormaliteite soos ekchimose, ginekologiese bloeding, gastroïntestinale bloeding en ander kutane of slymvliesbloeding met die gebruik van SSRI’s is aangemeld (verwys na afdeling 4.8). SSRI’s/SNRI’s kan die risiko van postpartum bloeding verhoog (verwys afdelings 4.6, 4.8). Omsigtigheid word aangeraai in pasiënte wat SSRI’s (soos TAMOMILT) neem, veral tydens gelyktydige gebruik van aktiewe stowwe wat bloedplaatjiefunksie beïnvloed, die risiko van bloeding kan verhoog of in pasiënte met ‘n geskiedenis van bloedingsversteurings (verwys afdeling 4.5).

SELFMOORD/SELFMOORD GEDAGTES OF KLINIESE AGTERUITGANG
Depressie word geassosieer met ‘n verhoogde risiko van selfmoordgedagtes, selfskade en selfmoord (selfmoordverwante gebeure). Hierdie risiko duur voort totdat beduidende remissie plaasgevind het. Aangesien verbetering nie gedurende die eerste paar weke met TAMOMILT moontlik mag voorkom nie, moet pasiënte noukeurig gemonitor word totdat verbetering waargeneem word.
Dit is ‘n algemene kliniese ervaring dat die risiko van selfmoord in die vroeë stadiums van herstel kan toeneem.

Ander psigiatriese toestande waarvoor TAMOMILT voorgeskryf word, kan ook geassosieer word met ‘n verhoogde risiko van selfmoordverwante gebeure. Daarbenewens kan hierdie toestande gepaard gaan met ernstige depressiewe versteurings. Dieselfde voorsorgmaatreëls wat toegepas word wanneer pasiënte met ernstige depressiewe versteurings behandel word, moet dus nagekom word wanneer pasiënte met ander psigiatriese versteurings behandel word.
- Pasiënte moet tydens vroeë terapie gemonitor word totdat verbetering in depressie waargeneem word, omrede selfmoord ‘n inherente risiko by depressiewe pasiënte is.
- TAMOMILT kan die uitvoering van vaardige take benadeel. Indien dit aangetas word, moet hierdie pasiënte nie masjinerie gebruik of bestuur nie.
- Serotoniensindroom is meer geneig om na ‘n toename in dosis voor te kom.
- Indien terapie met TAMOMILT gestaak moet word, word aanbeveel dat die dosis geleidelik verlaag word om die moontlikheid van ‘n onttrekkingsindroom te voorkom.
- Vermy alkohol. (Verwys na afdeling 4.5)
- Veiligheid en doeltreffendheid in kinders jonger as 18 jaar is nie vasgestel nie. In kliniese proewe van Ernstige Depressiewe Afwyking, was daar verhoogde insidensies van agressie en selfmoordverwante gebeurtenisse soos selfmoordgedagtes en selfskade.

Hulpstowwe
TAMOMILT 10, 20 en 40 filmbedekte tablette bevat laktose. Pasiënte met seldsame oorerflike probleme van galaktose-intoleransie, Lapp-laktasetekort of glukose-galaktose-wanabsorpsie moet nie hierdie medisyne gebruik nie.

4.5 Interaksie met ander medisyne en ander vorme van interaksie
- Monoamienoksidase-inhibeerders (MAOI) – Gelyktydige gebruik word teenaangedui. Ernstige en potensieel dodelike reaksies het voorgekom, soos: hipertermie, rigiditeit, mioklonus, outonome onstabiliteit met vinnige fluktuasie van vitale tekens en veranderinge in verstandelike toestand, insluitende uiterste agitasie wat tot delirium en koma vorder. (Sien afdeling 4.3).
- Imipramien – ‘n Toename in die konsentrasie van desimipramien (die aktiewe metaboliet van imipramien) kan voorkom. Dit blyk dat TAMOMILT nie ‘n merkbare toename in plasmavlakke van sommige trisikliese antidepressante veroorsaak nie.
- Ander serotonergiese medisyne of medisyne met serotonergiese aktiwiteit – Verhoogde risiko ontstaan om serotoniensindroom, ‘n seldsame maar potensieel dodelike hiperserotonergiese toestand, te ontwikkel,.
- Moklobemied – Serotoniensindroom het ontwikkel nadat oordosis moklobemied en TAMOMILT geneem is.
- Alkohol – Die effekte van alkohol kan verhoog word.
- Warfarien – Die antikoagulante aktiwiteit van warfarien kan verhoog word.
- Simetidien – Die AUC en die maksimum plasmakonsentrasie van TAMOMILT word verhoog wanneer TAMOMILT gelyktydig met simetidien toegedien word.

Bloeding
Omsigtigheid word aangeraai in pasiënte wat gelyktydig behandel word met antikoagulante, medisinale produkte wat die bloedplaatjiefunksie beïnvloed, soos nie-steroïdale anti-inflammatoriese middels (NSAIDs), asetielsalisielsuur, dipiridamol en tiklopidien of ander medisyne (bv. atipiese antipsigotika) wat die risiko van bloeding kan verhoog (verwys na afdeling 4.4).

4.6 Vrugbaarheid, swangerskap en laktasie
Veiligheid en doeltreffendheid tydens swangerskap en laktasie is nie vasgestel nie.
Waarnemingsdata dui op ‘n verhoogde risiko (minder as 2-voudig) van postpartum bloeding na blootstelling aan SSRI/SNRI binne die maand voor geboorte (verwys na afdelings 4.4, 4.8).
TAMOMILT word in die borsmelk uitgeskei.

4.7 Effekte op die vermoë om te bestuur en masjiene te gebruik
TAMOMILT het geringe of matige invloed op die vermoë om te bestuur en masjiene te gebruik.

4.8 Ongewenste effekte
Gevalle van selfmoordgedagtes en selfmoordgedrag is aangemeld tydens TAMOMILT-aanvangsterapie of net na staking van die behandeling.

Kardiovaskulêre afwykings:
Gereeld: Hartkloppings, bewing.
Minder gereeld: Bradikardie.

Senuweestelselafwykings:
Gereeld: Slaapstoornisse, parestesie, rusteloosheid, slaperigheid, hoofpyn, duiseligheid, moegheid.
Minder gereeld: Agitasie, verwarring, verswakte konsentrasie, malaise, manie, stuiptrekkings, serotoniensindroom, neuroleptiese maligne sindroom.

Endokriene/metaboliese afwykings:
Gereeld: Gewigsverandering.

Gastrointestinale afwykings:
Gereeld: Naarheid, hardlywigheid, diarree, dispepsie, droë mond.
Minder gereeld: Speekselafskeiding.

Voortplantingstelsel en borsafwykings:
Gereeld: Mikturasie versteurings.
Minder gereeld: Seksuele disfunksie, ejakulasie versteuring, verlaagde libido, anorgasme.
Frekwensie onbekend: Postpartum bloeding (verwys afdeling 4.4 en 4.6).

Hepato-biliêre afwykings:
Minder gereeld: Hepatitis.

Muskuloskeletale en bindweefselafwykings:
Gereeld: Astenie.

Oogafwykings:
Gereeld: Aanpassingsversteurings.
Minder gereeld: Midriase.

Respiratoriese torakale en mediastinale afwykings:
Minder gereeld: Nasale kongestie.

Vel- en subkutane weefselafwykings:
Gereeld: Sweet.
Minder gereeld: Uitslag.

Algemene afwykings en toedieningsplektoestande:
Minder gereeld: Gaap. Vyandigheid, selfmoordgedagtes en selfbesering is by kinders aangemeld.

Rapportering van vermoedelike nadelige reaksies
Dit is belangrik om vermoedelike nadelige reaksies aan te meld na goedkeuring van die medisyne. Dit laat voortgesette monitering van die voordeel/risiko-balans van die medisyne toe. Gesondheidsorgverskaffers word gevra om enige vermeende nadelige reaksies by SAHPRA aan te meld via die **“6.04 Adverse Drug Reactions & Quality Problem Reporting Form”**, wat aanlyn gevind word onder SAHPRA se publikasies:
https://sahpra.org.za/wp-content/uploads/2020/01/6.04_ARF1_v5.1_27Jan2020.pdf

4.9 Oordosering
Simptome van oordosering:
Moegheid, swakheid, sedasie, duiseligheid, bewing, naarheid, slaperigheid en sinustagikardie.
Behandeling van oordosering:
Behandeling is simptomaties en ondersteunend.
Daar is geen spesifieke teenmiddel vir TAMOMILT nie.
Die maag moet so gou moontlik deur braking of maagspoeling leeggemaak word. Monitering van kardiale en vitale tekens en mediese toesig is raadsaam vir ongeveer 24 uur.

5 FARMAKOLOGIESE EIENSKAPPE
5.1 Farmakodinamiese eienskappe
Farmakologiese Klassifikasie: A 1.2 Psigoanaleptika (antidepressante).
Farmakoterapeutiese groep: antidepressante, selektiewe serotonien heropname inhibeerders
ATC-kode: N 06 AB 04.

Sitalopram is ’n bisikliese ftalaat-derivaat met ’n antidepressiewe uitwerking. Die uitwerking daarvan is gekoppel aan die selektiewe inhibisie van spesifieke serotonien (5-HT) heropname.
Sitalopram blokkeer die heropname van 5-HT primer deur middel van sy (S) enantiomeer, wat lei tot versterking van serotonergiese aktiwiteit in die sentralesenuweestelsel (SSS). Nie sitalopram of sy metaboliete het ’n uitwerking op die heropname van noradrenalien, dopamien en gamma-aminobottersuur (GABA) nie. Sitalopram het weinig of geen antiposaminergiese, antiadrenergiese, antiserotonergiese, antihistaminergiese of anticholinergies eienskappe.

5.2 Farmakokinetiese eienskappe
Orale biobeskikbaarheid is ongeveer 80 % met maksimum plasmavlakke wat binne 4 uur bereik word (wissel tussen 1 tot 6 uur). Verspreidingsvolume is ongeveer 14 L/kg (wissel tussen 9 tot 17 L/kg). Dit neem 1 tot 2 weke om stabielestaat konsentrasie te bereik.. Proteïenbinding is ongeveer 80 %.
Eliminasie-halfleeftyd is 36 uur (wissel tussen 28 – 42 uur). Sitalopram ondergaan lewermetabolisme wat hoofsaaklik die sitochroom P450 (CYP3A4) en 2C19 (CYP2C19) isoensieme en tot ‘n klein mate sitochroom P450 2D6 (CYP2D6) isoensieme betrek. Die metaboliete inhibeer die heropname van serotonien, maar is nie so kragtig soos die stammolekule nie. Sitalopram word hoofsaaklik deur die lewer uitgeskei en die oorblywende metaboliete deur die niere (ongeveer 20 % waarvan 12 % onveranderde medisyne is). Weens ‘n verlaagde metabolisme is langer halfleeftye en ‘n afname in opruiming in bejaarde pasiënte aangetoon.

6 FARMASEUTIESE BESONDERHEDE
6.1 Lys van hulpstowwe
Kruispovidoon
Hipromellose
Makrogol (4000)
Magnesiumstearaat
Mieliestysel
Mikrokristallyne sellulose
Povidoon (K30)
Titaandioksied

6.2 Onversoenbaarheid
Nie van toepassing nie.

6.3 Rakleeftyd
24 maande.

6.4 Spesiale voorsorgmaatreëls vir bewaring
Bewaar by of onder 25°C. Hou houers goed toe.

6.5 Aard en inhoud van houer
Deursigtige PVC/PVDC stulpverpakkings verseël met aluminiumfoelie. Verpakkingsgroottes van 28, 30.
With HDPE tablethouers met PP doppies. Verpakkingsgroottes van 28, 50 or 100.
Wit PP tablethouers met PE doppies. Verpakkingsgroottes van 28, 50 or 100.

6.6 SPESIALE VOORSORGMAATREËLS VIR WEGDOENING EN ANDER HANTERING
Geen spesiale voorsorgmaatreëls word vereis nie.

7 HOUER VAN REGISTRASIESERTIFIKAAT
Trinity Pharma (Edms.) Bpk.
106 16de Weg, Gebou 2
Midrand
1686

8 REGISTRASIENOMMERS
TAMOMILT 10: A38/1.2/0547
TAMOMILT 20: A38/1.2/0548
TAMOMILT 40: A38/1.2/0549

9 DATUM VAN EERSTE MAGTIGING/HERNUWING VAN DIE MAGTIGING
23 August 2011

10 DATUM VAN HERSIENING VAN DIE TEKS
19 April 2021